Living Health and Wellness:
A story of the conversational interview

by

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Abstract

This thesis is an experiment in trying to get to know the conversational interview that follows one researcher's practice of talking to six women about health and wellness. In "sitting" (Pigg, 2013) with this experience I problematize what separates friend from research participant, interview from casual conversation, and theory from everyday knowledge, to show what might be lost when we as ethnographers conscribe to industrial styles of qualitative interviews and research. By sharing my process and the voices of my conversation partners I argue for a renewed awareness of what we as ethnographers might discover when we make space for the people that we interview. I locate this work in conversation with anthropologists in the field who also grapple with questions of positionality and potentiality, including Kathleen Stewart, Sarah Pink, Andrew Irving, João Biehl, and others who focus on affect and the acknowledgement of everyday experiences in ethnographic research and representation.

Keywords: Conversational interview; affect; representation; health and wellness; methodology

Dedication

I would like to dedicate this thesis to my grandfather Lawrence "Bud" Smithers who always encouraged education and a good conversation. I wish you were here for this one.

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Most importantly I would like to acknowledge the women that participated in this research project. This would not be possible without your openness and willingness to share your stories with me. Thank you for taking the time out of your busy days to talk to me, and for the vulnerability and honesty you always brought to our conversations.

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To my parents and Logan, thank you for always being there for me, I could never have done this without you.

Table of Contents

Chapter 1. Introduction.

Scene: I (the "interviewer") and Anaya (the "participant") sit down to start "the interview". The formality of this is marked by the audio recorder conspicuously placed on the table and my notebook safely within arm's reach.

Anaya nervously asks me if she should be speaking from a personal or a professional perspective. I answer her by asking if this is something that she can ever separate in herself. At the time I am unaware of the irony that, as I am questioning her about making separations, I too am trying to separate our normal everyday conversations from a formal interview.

I press start button on the recorder, marking the "start" of the interview and we begin to talk to each other. I notice that because of a heightened awareness of our new "roles" of interviewer and participant we are both speaking with a slight hesitation as we carefully choose our words. After a few minutes of this unfamiliar feeling of awkwardness both of our tones soften, our speech slows ever so slightly, and we eventually fall into the comfortable rhythms of our usual back and forth conversation. We soon find ourselves returning to a previous conversation from days before; a discussion about the connections that Anaya sees between her faith as a practicing Sikh, and her professional identity as a naturopathic doctor. I ask her what she thinks about the conventional medical system, as it is often seen in opposition to naturopathic approaches.

Anaya: *"I'm not opposed to the conventional medical intervention; I feel it has a place. But from a religious perspective…*

I wait while she pauses to gather her thoughts.

Anaya: *"It's hard to separate the religious from the naturopathic. It's hard to tell… I 'm trying to think before naturopathic medicine."*

I interrupt here: *"Knowing you, it seems like it was the same journey?"*

Anaya: *"Yeah, it kind of happened at the same time. When I started practicing [Sikhism] is when I started questioning whether I wanted to go to conventional medical school*

because it didn't help me. At that time I was at – I don't want to say peak of spirituality, but maybe peak of how much meditation and mindfulness I was practicing – So it kind of happened at the same time. It definitely helped me get through the program as well. So, for me it's hard to differentiate which parts of it is religiosity and spirituality, and which parts is naturopathy."

At this point my teenage son wanders into the room, surveys the situation, and then retreats when he sees us sitting around the table, most likely before we can corner him into talking to us. Anaya and I both exchange a look and laugh, *"teenagers!"* I say, rolling my eyes…

<End scene.>

This thesis is an experiment in trying to get to know the conversational interview. Much like Anaya and I question whether she can separate her spirituality from her profession, I look at the areas that seemingly separates interview from conversation, researcher from friend, theory from the everyday, and the local from the global. When I started this research I wondered what I could learn by asking what health means to each of the people that I interview in the context of their particular lives and experiences. I also questioned what I might discover if I created a space where the people that I interview are able to share their stories, ideas, and the types of conversations that are common or "normal" in their everyday exchanges. What follows is both an experiment in formulating and asking these questions, and an exercise in trying to analyze responses generated through this process. In "sitting" with this experience (Pigg, 2013) I have come to understand that my inquiries focus on the halfway spaces or the in-between in life and in research. My hope is that we ethnographers will continue to rethink relationships between ourselves and our work, and that we will pause to question the complex and shifting positions that become available to us.

My entry point for this inquiry consists in two main questions. First, I ask: ***in what ways do the people who work with me on this project understand health and wellness, and how does this inform their ideas of what it means to be healthy?*** In my second question I focus on the possibilities of conversational interviews in ethnographic work by asking: ***how can we ethnographers both acknowledge and account for the specific***

relationships and particularities of a conversational interview, and what does this mean for how we represent interlocutors?

To address these questions, I draw on the work of anthropologists like Kathleen Stewart, Sarah Pink, Andrew Irving, João Biehl and others whose work focuses on affect and the acknowledgement and privileging of everyday experience of talking with people in relation to the actions of ethnographic writing in ethnographic research and representation. I use this body of work, the stories and ideas of the women that I talk with, and my own experiences, to show how conversational interviews can bring attention to both the variability of experience and the sometimes problematic ways that we represent others (and ourselves) in our work. **I argue that the conversational interview is a methodological choice that can help us to challenge the assumption of universal experiences of broad social forces like neoliberalism and globalization, while at the same time acknowledging how our social reality is structured by such forces, albeit sometimes in uneven and messy ways.** As anthropologist we can appreciate variability in the ways that people act within and between cultures, times, and places, yet we are challenged with representing this multiplicity in a way that does not flatten their ways of knowing or being.

In what follows I will show how there are times when ethnographic knowledge can be better conveyed or "made present" through the enactment, action, and performance (Fabian, 1990, p. 6) of conversation. And, because of this, I argue that we need to rethink our role as ethnographers as going beyond someone who simply asks questions and conducts interviews, to instead see ourselves as a "provider of occasions" with the power to offer others a "stage" where they can act out their particular cultural knowledge (Fabian, 1990, p. 7). I maintain that because ethnography is always communicative or dialogical it makes sense that conversation and not only observation should be key to how we think about the production of ethnographic knowledge. I agree with Fabian (1990) that conversation provides us with an opportunity to generate or co-create meaning with the people that we are interviewing, and that it gives us an alternative to asking questions that attempt to locate meaning presumed already to be existing somewhere fully formed. I also concur that it is important that as ethnographers we hold on to this awareness of the importance of conversation, and apply it not only to how we communicate with the people that we are working with but also to how we eventually communicate our findings to others in writing (Fabian, 1990, p. 6).

The story that I tell in this thesis will describe how I come to appreciate that the lived life is not something that we as ethnographers can neatly explain, rather it exists in the experience and conversations that we often overlook or see as contradictions, especially when we are working with broad concepts like power, agency, social structures, and ideologies, that are often reified and used to smooth out or explain the lives of others. Through my discussion I will share how I come to see these places of the in-between and the "sometimes both" as demonstrating ethnography's ability to be "in the way of theory" rather than as a way to theory, and I will show how sometimes the most important thing that we can do as ethnographers is to see our work as about "making openings", not about finding truths or ends (Biehl, 2013, p. 575).

For this research I talk to six Sikh women in open-ended, in-depth interviews, in some cases on multiple occasions. These women are not only research participants, they are also friends with whom I have a variety of different relationships. In these interviews I do not use pre-scripted questions or set specific parameters. Instead I approach the conversations that we have in an informal way, allowing the discussion to flow, even if it means that we travel to places that I had not anticipated or considered 'relevant' to my research. I do ask questions and guide the interview through topics that interest me, yet I try to do this without bringing them up in explicit ways. I see myself as an active participant in our conversations, a view that requires not only an acknowledgment of the role of ethnographers in research, but also the relationships that exist because of it. In what follows I will share how I theoretically locate and conceptualize the conversational interview and I will demonstrate how as a methodological choice it can allow access to local knowledges and understandings (Watkins and Swiddler, 2009). In doing so I will also show how employing conversational methods in interviews provides us with an opportunity to respect the fact that interviews are embodied experiences (Pink, 2009) and a way to think differently about the role of the interviewer (Bernard, 1999).

Chapter 2.   What I wanted to do.

Anaya is my friend and conversations like the earlier scene are a common occurrence in our relationship. Some nights we sit around my kitchen table like this drinking tea and warming ourselves against the dreary west coast weather, talking until one of us is too tired to keep our eyes open. On other nights, when the weather is warm enough to allow, we walk together along the local shoreline, watching the sunset and reflecting on the day's events, our relationships, and our dreams for the future. I have known Anaya for years; we met through our local community, bonding over our recent separations and challenges of single parenting.

As you know, Anaya is a naturopathic doctor. What you do not know is that she works in multiple clinics in a number of different capacities and that she is also an educator and a supervisor at a local naturopathic school. In her more private life Anaya is a mother, a sister, a friend, a coach, and a daughter, and because she practices the Sikh faith, she is also active in the local gurdwara and Sikh temple. Many of the conversations that Anaya and I have center around health, medicine, culture, and spirituality. As an anthropologist I am grateful for the knowledge that she shares with me and the ways that these conversations have informed my academic interests. In retrospect I can see how many of the questions that I have in my own research have been influenced by these conversations.

In searching for an ethnographic research topic, I wanted my area of inquiry to speak to matters of concern in my local world. I began to pay attention to my locale, to the people who were racialized in this locale, and to my friends who were in this position. Informed by my conversations with Anaya, my initial area of focus was to try to understand how people experience healthcare services designed for specific cultural groups. Living close to and often spending time in the city of Surrey, British Columbia, means that I sometimes notice health promotion that targets the area's large South East Asian population. I have also seen how some of this promotion focuses specifically on the Sikh community. Because most of Anaya's patients are part of one or both of these groups, culturally directed care and the specific health concerns attributed to these communities are topics that often make their way into our conversations.

Although I had a basic question that I wanted to explore further I still needed to narrow down my research concentration. My question of how people experience culturally focused medical care was too broad. I asked myself, how do I plan on defining medical care? And similarly, what do I mean by culture? These are both hard to locate concepts that require that I tease out my conceptualizations of both prior to operationalizing them in research. My experience of realizing the fluidity of these concepts helps me to notice the multiplicity of ideas that they encompass, a process that I focus on in the following sections.

The first area of business in this process: who do I talk to? Because of my relationship with Anaya and the conversations that we have, it made sense that I focus on Sikh women. As I narrowed this down further I decided to ask women who I knew were physically active with the assumption that this would mean that they also had an interest in their health, and hopefully that they might be willing to share their ideas and experiences with me. I asked personal acquaintances if they would be interested in talking to me, people that I knew through school, the local recreation center, and the fitness classes that I attend or have attended in the past. By the end I had talked to six women: Rani, Kyra, Zara, Meera, Sonia, and Anaya. At the time that I started this research I considered myself familiar with everyone that I approached for interviews, although I do not have a close relationship with them like I do with Anaya. Making the choice to interview people that I know has been intentional and I have found that this, combined with having a conversational intention towards the interviews, provided me with access to everyday conversations where the women were able to "implement their own agenda" through everyday back and forth talk (Watkins and Swiddler, 2009, p. 171).

Having an existing relationship and familiarity with the social activities of the women that I interview also allows for some shared experiences. I found that I could draw upon these commonalities during conversation and that this could help me to explore the processes of socially created meaning (Watkins and Swiddler, 2009 171). In viewing health and wellness as social constructs I am maintaining that their meanings are assigned based on the relationships and interactions that people have with them. In constructivist thought the beliefs and ideas that surround a topic might seem to be obvious or natural, accepted as a representation of reality rather than as socially created or invented idea. The World Health Organization defines health as being "not merely the absence of disease or infirmity, but a state of complete physical, mental, and social

wellbeing" (WHO, 1946) but what we think and do about health is the product of social processes that are at the same time defining the problem and promoting particular strategies for its solution. The challenge with this is trying to understand the cultural interpretations of health and wellness by exploring the multiplicity of meanings that everyday activities encompass in a singular time and place (Crawford, 1987, p. 96) when health as a "key word" has increasingly become a signifying practice (Crawford, 2006, p. 401).

It is in these types of discussions of shared experiences where I am made aware of the border that we as researchers construct between what we consider as "research" and what is "not research". I notice that I am not only drawing on prior experiences and conversations in the formal interview, but also that the conversations from the interview continue long after it has officially 'ended'. Seeing the women that I interview in the community and talking casually over social media and text is often met with a reference to the research in some way, often in the form of an update to or a continuation of a story. "Oh, I was thinking of you last night, you'd never guess what happened!" or "I totally forgot to mention the time when…" have become common parts of our conversations since the interviews. Kyra and Rani also regularly send me articles about diet, exercise, and healthy living from newspapers or magazines when they see something that they think I might find interesting or that is connected to conversations that we have in the interview. In these examples I see an often-blurred area between what we consider to be the spatial temporal construction of the interview (can we really determine when it really starts and ends?) as well as what we consider as worthy of being considered research (do every day, casual conversations matter?), questions that stay with me through this process.

Three of the six women who I ended up interviewing became involved in this way, two from a past fitness class and one from school. When talking to people about my research I also ask if they are able to share my information with anyone in their social or professional networks that they think might be interested in being interviewed and I provide them with a printed or electronic outline of my research intentions and contact information. From this I receive phone calls, emails, and private messages on social media from people wanting to participate. I connect with two women this way; one is a close friend of one of the first three women that I interview and the other is a family member of another. I interview five women that I connect with in this way: Sonia, Rani,

Meera, Zara, and Kyra. I also ask Anaya if she would like to participate more formally in this project, which she accepts. In the end I am grateful to have six women who graciously share their stories, ideas, and experiences with both vulnerability and humor and I appreciate them taking the time to spend with me in the interview(s).

At some point prior to meeting with the women I realized that I would have to decide how I would actually "do" the interviews, both logistically and from a methodological standpoint. I choose to ask the women what location would work best for them and I suggest my home, their home, a coffee shop, or any other public place where they might feel comfortable talking. Most of the women want to meet at coffee shops close to their house or work. For some this choice is to do with privacy if they have family at home. For others it was easier to meet for coffee either before or after work, or while their children are in activities. Although most of the interviews were in this type of location, two were in the women's homes and one was in my own.

I also began to consider how I would structure the interviews. I approached them knowing that I wanted to talk about health, the medical system, and cultural identity. I also knew that I wanted the interviews to be mostly unstructured without depending on pre-scripted questions, a difference that I will discuss in more depth in what follows. In the past I have found that paying attention to a structured list of required questions can mean that I am not attentive to the full experience of the interview. So instead this time I came to the interviews with only a few questions to prompt conversation and a goal to try to make the discussion flow as naturally as possible. From a methodological perspective I sought to focus on the stories and experiences of the women and to make space for the topics and ideas that they decide are important to the conversation. In considering a more conventional interview I found it difficult to reconcile my goal of being able to understand and describe the meaning of central themes in the lives of others when I would be the one seeking to determine what counts as relevant. I found that because the direction of the conversational interview is largely driven by the "participant" rather than the "researcher," this can capture ideas that are prominent and naturally connected to local understandings (Watkins and Swiddler, 2009, p. 179). Some of the questions and prompts that I use during the interviews include: *How would you describe the relationship between you and your doctor? Can you tell me about a visit with your doctor that sticks out in your mind? Do you consider yourself to be healthy? What does it mean to be healthy?* After an initial question or two like these I found that the conversations

8

would flow almost naturally from one topic to the next and that we would both jump back and forth between stories and ideas without needing prompting or having lulls in the conversation.

Not defaulting to a structured or semi structured interview is a choice that has been foundational for me. For the questions that I wanted to address in my research asking identical, pre-scripted and highly specific questions in the exact same way to each participant would not be conducive for the type of information I was hoping to learn. I also did not see my work as being in line with methods of interviewing where the interviewer's role is to only provide neutral and impersonal responses to questions. Instead I located my methodological ideas closer to what would be considered a conversational interview where the interviewer is expected to not only have an active role in the discussion, but is also able to answer questions in personal ways if they chose to, while following or leading the conversation in any direction they wish. This is not to say that all structured and semi-structured interviews are objectivist, or that the labels that we give interviews are to be considered as mutually exclusive. Moreover I would like to point out that I recognize the interpretive qualities of other interview methods and I am not saying that conversational interviews are the only way that this can be done, only that this seems to be the right methodological choice in terms of my research questions and my view of the interviewer as active in the process.

In conversational methods having a level of freedom for both the interviewer and participant to direct the content on the discussion creates a kind of openness quality to it and it adds an element of co-creation to the work. For outside observers the flow of exchanges in a conversational interview might sound more like a causal, everyday chat between friends. However, as I learn, it is this performance element of conversations that requires I attend not only to the content and sematic meaning of the words of my participants, but also the feelings, tones, and somatic language that are so important to how we communicate with others. I see that this is "made present" through the performance of the conversations that we have in interviews (Fabian, 1990, p. 6). This positions us as ethnographers with the power to go beyond being someone who simply asks questions and conducts interviews, and to instead see ourselves as a "provider of occasions" with the power to offer others a "stage" where they can act out their particular cultural knowledge (Fabian, 1990, p. 7). I argue that overlooking interviewers as an

active participant in this process ignores the generative value of conversation and leaves out an important element of the experience of generating knowledge together.

Each interview with my conversation partners lasts approximately two hours and usually ends because we run out of time, not because we run out of things to talk about. I talked to Meera, Rani, Anaya, and Sonia twice, with the second interview generally adding and expanding on topics that we discussed in our first sessions. I also invited Zara and Kyra for second interviews however they were not able to fit it into their schedules. All of the women that I interview live in Surrey and either came to Canada as young children or are the first generation of parents who immigrated to Canada from India. This is not an intentional choice, but perhaps a reflection of the demographic profile of the Sikh population in Surrey BC and global immigration trends in general.

Chapter 3.   What happened.

It is only after my research as I analyze and write that I question why I decided to record and transcribe the interviews. With this I wonder what we as ethnographers hope to get out of this process. In asking these questions I consider how perhaps my training in the social sciences has caused me to think that recording and transcription is a necessary requirement of the research process. But why does research necessitate this? In an effort to make the familiar aspects of our research strange (yet another teaching of the discipline) I spend time pondering how this choice has impacted my work. I consider how recording in interviews demarcates and makes visible the boundary of interviewer and participant, and interview and "everyday" conversation. I also take a closer look at the practice of recording and transcription, realizing that it is an important part of the analysis process and a place where knowledge is generated. It is with this in mind that I wonder what is lost in industrial qualitative interviews and research and with the normalization of particular methods and approaches.

In considering how transcription is often an overlooked aspect of our data analysis I was prompted to look up articles from others in the field who also question what is lost in the process. In doing so I found anthropologists, like Christine Brooks (2010), Cindy Bird (2005), and Sarah Pink (2009) who also see the interview and transcription as initial act of analysis and interpretation. I draw from the meditations of these women and use their experiences and ideas to construct my own approach to the process.

After having the chance to sit and talk with all six women that I interview for this project I then begin listening to the audio recordings and transcribing our conversations. In doing so I transport myself back into our discussions, laughing at the funny parts and remembering what it was like to be in those uncomfortable moments. Looking back at my process during transcription I notice that it closely resembles Brooks (2010) embodied transcription (ET) techniques and her three-part cycle of transcription: revisit and repeat, revisions, and then refinement and reflection. Like Brooks I find myself closely listening to the audio tape, repeating back some of the conversations that occurred while loosely transfering what was said to text. I then take the time to pause and make note of the feelings, intuitions, and unspoken factors that come to mind as I

listen, before turning my attention to grammar and punctuation. And like her third step, I return to the transcript to expand on ideas and to add additional insights.

Like a usual transcription process I am typing out the words that were spoken, however, because I am using a more embodied technique, I am also incorporating those aspects of the interviews beyond the literal words that are said. I intentionally note the unspoken aspects of the interview like the tone and emphasis of voices and I add the expressions and body language that flood my memory. I also use the transcription as a time to reflect on what was going on in my mind during the interview and to remember the place that we were in and the feelings or impressions that I may have had.

During the first part or stage of the process I had many questions like, how do I signify tone? Should I include background sounds and conversations? How do I represent body language? Considering these questions shows that I understand the importance of transcription and the difficult reality of trying to make a "multidimensional act" that is an interview conform to the "2-dimensional realm" of print (Bird, 2005, p. 242). As I make these methodological choices of how to represent interviews on text I return to my initial research questions, checking in with myself to make sure that my decisions reflect the goals of this project and whether what I include (or choose not to include) contributes to the "essence" of the interviews (Bird, 2005, p. 239). And as I do so I also take notice of just how much of me is present in the transcripts and how much I shape the final text, a point that contrasts the often taken for granted notion of the value of transcripts as objective data, rather than the subjective and positioned representation of an embodied social event that they are.

Returning to the interview experiences through embodied transcription methods is a way to acknowledge both the performative and interpretive aspects of the conversational interview, while at the same time encouraging a deeper understanding of the people that I work with, myself, and the relationships between (Brooks, 2010, p. 1227). I see appreciating the sensory aspects of the conversational interview as showing respect to the fact that it is an embodied experience. Paying critical attention to both ourselves and others as multisensory being allows for a new way of "thinking / feeling / sensing" that can help us as ethnographers develop "sensory embodied reflexivity" necessary if we want to engage in "cultural and political critiques" (Culhane, 2017, p. 61). It also brings about an awareness of others, ourselves, and our work, that we can then use to help

bring us closer to other people's multisensory experiences and their ways of knowing, their practices, their memories, and their emotions (Pink, 2009). At the same time, paying attention to the interview as an embodied experience also reminds me that it is a co-creative practice, and because of this it also offers participants a way of getting closer to the researcher's experiences and their particular ways of knowing. When I am in these conversational interviews I do not hesitate to discuss my own understandings and ways of thinking about health and wellness. We compare stories of trying fad diets and exercise trends, and I share with them about my own family and relationships. There are times when I talk honestly about my research experiences; what I have learned from the process, and the surprises and frustrations that come with it. With Anaya I am often explaining the theoretical perspectives that frame my interpretation of the conversations that we have, something that she has shown interest in and that helps me to explore my ideas and understandings of our conversations. That is, our interviews are not only a time for me to learn about them, they are also a way for the women to learn more about me.

At the beginning of this research I conceptualized the medical system mainly as the conventional medical doctor and community health promotion as they are the main points of contact for most people and I also often contemplated the role of the state in shaping the overall medical system as an institution. When I thought of cultural identity, I considered the term as a representation of the way that people self-identify as belonging to a particular group made primarily on the basis of similarity of race, ethnicity, religion, and locality. During our conversations the women do talk about times that they have used the medical system, sharing stories about how they find it difficult to find a doctor that they like and can trust. For Kyra, Sonia, and Anaya the stories that they share about relationships with doctors and the medical system focus primarily on their experiences having children and mostly center around the birth and care of their young children. Yet as the women share with me the stories surrounding this part of their lives, I start to question how my assumptions have guided my original research question(s) and my limited view of what the topic of health could encompass. I assumed that the topic of heath would mean medical interventions and doctors, but my conversation partners taught me that it also means everyday actions and practices such as exercise and diet. As an ethnographer I can take for granted that how I see the world always guides my research design and I, like many ethnographers (see Trigger, Forsey, & Meurk, 2012;

Tsing, 2005; Agar, 2006; Agee, 2009) am often surprised when my ideas about research are challenged or new ideas emerge, despite the fact that I know that they should and will be.

Going into the interviews one of the assumptions that I had was that race and ethnicity, in the form of discrimination would be a prominent factor in the relationships that the women have with medical professionals, the medical system, and health more generally. However, I have come to understand that the lived experience of these categories is not always what we might expect it to be, especially if we are only looking to literature for explanations. Relying on literature, especially the more conventional, risks seeing race and ethnicity as a fixed experience, causing us to overlook the important ways that it is often navigated and contested in the everyday lives of the people we are working with.

I came to this research broadly defining ethnicity as being understood as the relationships that exist between groups of people who are considered by themselves and others as being culturally distinct. Similarly, I approach race with the understanding that although there is not a genetic basis for the concept, it is very real because it is used to label, categorize, and control people, all of which have tangible consequences. Essentially, I see both race and ethnicity as shaping how we see ourselves and others, which is perhaps why they are often used interchangeably. This is important because the social constructiveness of the concepts means that the use of either or both terms depends largely on the context of the conversation and the socio-political relationship(s) involved. That is to say neither of these terms are fixed. Instead they are categorically fluid and relational, changing based on the time, place, and historical context.

In the conversations that I have with the women I become even more aware of how race and ethnicity can mean different things depending on the context and the relationships involved, sometimes even in the same conversation. I come to see how at times these categories can seem to be in contradiction with each other, with a person being part of a particular group at one time and then not in another, depending on the context and the storyteller's relationship to me or the situation. Yet I come to realize that these changing of positions are not necessarily contradictions, rather they are necessary shifts that only appear to be in opposition. Through our discussions I can see how the categories and definitions change as necessary, reflecting particular group issues where factors like class difference may dominate in one context, but race and ethnicity may frame the

discussion in another. The problem with this, and why we may see it as contradiction, is when we perceive only one position and try to hold on to it and impose it in any and all contexts.

An example of this fluidity is one conversation with Zara where she frames herself as both not ethnically part of the local South East Asian community when talking about higher rates of heart disease, but then part of it when we talked about Canada's history of systemic racism. The deciding factor for her in this specific division was that she was born in Canada, meaning that she did not identify with the newcomers whom she associates with having heart problems. At the same time, she does see herself as part of the very general category of the South East Asian community through experiences of racism, both in her own life and through the stories of her family members. Similarly, Anaya often uses terms like "us / them" and "my community / the community" when talking about herself and others in categories of race and ethnicity. For her the lines are also drawn by a variety of factors such as time in Canada and whether a person or their parents were born here, and also by the specific areas where people and their families immigrated from, especially rural versus urban, and economic categories. I also notice how she is able to make distinctions between whether a person is a practicing Sikh person like herself, or a person who is "just culturally a Sikh" but does not "practice the spirituality part of it". For Anaya a person can be more than one kind of Sikh, with corresponding implicit hierarchies of authenticity depending on who she is talking about, the context of the story, and to whom she is talking to. These conversations and others confirm that there are no clear definitions of race or ethnicity and trying to impose categories and differentiate between the two in my own writing ignores them as areas of negotiation and fluidity that can change within and between people, place, and time.

In part some of the assumptions that I have about the importance of race and ethnicity and their prominence in our discussions come from the conversations with Anaya that precede these interviews where she has talked about the systemic implications that race and ethnicity have on the health of the South East Asian community. She explains to me how heart disease, diabetes, and obesity are problems that impact the community and that she attributes the high prevalence of these to cultural practices, specifically diet and lack of physical activity, and she cites "traditional foods" and cultural celebrations as contributing to the problem. The conversations that we have about this are highly informed (mostly on her part, however I am also informed on this area of research) by

very rigid, "population based" definitions of both race and ethnicity common in the discourse of health science and medical based research and publications. I am also reminded that as a medical professional Anaya encounters the latest research and health headlines on a regular basis.

Perhaps because of this I also assumed that the women I interview would also speak in terms of their identity and "health seeking behaviors" in the ways that Anaya had. As ethnographers we are pressed to provide a definitive and all-encompassing answer that neatly explains all social behaviors. Yet in this case race and ethnicity meaning different things at different times depending on context and relationship between speaker and listener, and it produces contradictions and inconsistencies that cannot be put into theoretical boxes that perfectly match behavior to reason. This leaves a question for us as ethnographers: is the problem in how people live, or in how the theories want them to live? And, where and by who are the dividing lines drawn between theory and "life"?

Sitting outside of a neighborhood coffee shop with Sonia enjoying a rare sunny spring day as she tells me about giving birth to her now three-year-old daughter is when I first become aware of my own assumptions about the ways that race and ethnicity are experienced for her and the other women that I talk to in interviews. In her story she is describing her stay in the hospital after giving birth as 'traumatic' and 'difficult' and as an overall negative experience. When I ask her why she feels this way she tells me that after her daughter was born and she was transferred to her recovery room she felt ignored and a "lack of kindness from the nurses in charge of her care". I ask why the nurses treated her in this way expecting her to respond that it was because of her ethnic or racial identity. Yet when she answers she tells me that she thinks that it is because they thought she was "too young to be having a baby" reflecting the fact that she was much younger than the rest of the women in the ward. When I ask Sonia if racism could have been a factor in this experience she tells me "sure, sometimes I'm treated differently or badly because I am brown or practice Sikhi, but it's not a big deal" and she shrugs off the question, instead continuing the story of how hours after her C-section birth she was helping other mothers in the maternity ward care for their own babies. Although Sonia does not frame her experience in terms of race or ethnicity, race is still something that matters.

16

There seems to be a moral imperative for researchers, especially those in political sciences, to talk about race and ethnicity. Deciding what is worthwhile talking about in research comes with prestige. Just because she and the other women that I talk to do not talk about it in the same ways that it is presented in the literature or talked about in academic circles does not mean that it does not have an impact on their lives. Categories of race, class, and gender are difficult to unravel however we can start to see how they operate by looking at everyday life.

What has been surprising to me are the ways that the women want to talk about what it means to be healthy. In our conversations I have approached health as a concept that could encompass many different ideas. We talk about giving birth and motherhood, finding doctors and other professionals, minor and major medical procedures, sexuality and sexual health, and navigating the bureaucratic structure that is the medical system. We also talk about mental health and wellness, physical activity, and diet. Eventually I came to notice that in many of these conversations, health is being framed as a lifestyle choice and described as a performance of specific and personal behaviors or actions. Diet and exercise especially were areas that the women wanted to spend more time talking and I began to see how both were fundamental to the structure of their daily lives and the ways they think about themselves and others. Perhaps I did not see this at first because I was looking for 'real' medical stories. Or maybe this is because as an ideological framework, health and wellness is so pervasive in daily life that it is often difficult to disentangle. I can also appreciate how the prominence of health and wellness in my own life might make it difficult for me to recognize the ways that this is experienced by others.

Chapter 4.   Anaya: health, wellness, and spirituality.

In our first 'formal interview' I ask Anaya what motivates people to see a doctor. She answers my question with an example, a technique that she uses often. However, this time instead of her example being why someone would see a doctor she describes a situation when someone would not. In doing so she draws my attention to a case when a bodily concern is considered a health and wellness issue it is up to the person to manage it without medical intervention.

"If someone has swelling in their legs, something that presents as systemic, they are more likely to see a medical doctor. Otherwise, if they have something like a mole, something that is just bugging them, they are not going to see a doctor right away. Headaches, they are not going to go as much, unless it is a debilitating migraine. They are just going to sleep it off, maybe make a bunch of Ayurveda herbal teas, like triphala – you know, they'll do all the stuff they hear about on the radio –"

I interrupt here, "the radio, what do you mean?"

She responds by raising her eyebrows in a look of surprise, I can tell that she is shocked that I do not know about this doctor. She sits back in her chair a little, settling herself in to tell me the story of the radio show doctor,

"The majority of the medical influence [in the community] is from the Indian radio. REDFM is huge! Everyone listens to the doctor on REDFM. If REDFM says to take a tablespoon of chia seeds a day, then every Indian is going to do it."

She describes the host of the radio show, a local medical doctor (MD) who in addition to his private practice also gives advice about health matters. I notice from the questioning tone of her voice that she has some reservations about the doctor.

"He's really big on the radio. He does a medical talk show on the radio and on some Sikh [television] channel. And everybody – I mean everybody – my mom is always talking about him – even my patients talk about him... Everyone talks about what he says, like for weight loss and how to never get cancer. It's like crazy bold claims, like do this and your joints will never hurt. You know, like take one walnut, soak the walnut, add

one raisin and one blah, blah, blah at night and you eat it in the morning… you know what I mean…"

She gives me a look here, a way that she has of rolling her eyes that says that she thinks that this is ridiculous. I ask her what type of advice this is, and she tells me that most of it seems to be in line with Ayurveda medicine and Chinese medicine. She expresses concern to me about the effectiveness of his advice, because as she points out, the premises of both Chinese medicine and Ayurveda treatments is that they are specific to the person. To prove this to me she emphasizes how the marketing of advice to the public of generic protocols contradicts the teachings of both. As a naturopathic doctor Anaya strongly believes in the power of alternative treatments so prescribing non-specific advice concerns her. She worries that at best they will be ineffective and a waste of time, and that at worst they may cause harm.

After this interview with Anaya I decide to take a look at this doctor's online presence to see for myself what kind of advice he gives. Viewing his and the radio station's social media I find that like Anaya has told me he is very popular in the local Punjabi community and that many of his followers are of Sikh faith. I notice that he promotes articles and videos of himself and guests discussing ways that people can live a 'better and healthier' life through behavioural changes. I also notice how in most cases the social media posts that he shares are videos or articles consisting of two parts, first the health advice, and then a separate yet corresponding conversation about spiritualty. The intentional connection between health and faith is hard for me not to notice. I also see that alongside the recorded discussions are self-promotional and image branding style articles and photographs that show interactions between the doctor and local and national celebrities in social situations like charity events and local award shows. Although I am not sure what to make of this, it seems like something that Anaya would be critical of. I can almost hear her commenting on how he is trying to make himself famous by "cashing in" on celebrity status.

In our second interview, with the doctor still on my mind, I ask Anaya more about the connection between health and spirituality. I want to know if this is something that she thinks is a common practice. She tells me that the linking of health and wellness type advice with spirituality happens often in the Sikh community. I ask her what this might look like and she offers an example of how spiritual leaders invited to give talks at local

temples often dedicate part of their discussion to lifestyle recommendations on how to live healthier. In one of her examples she describes an older man who is well known for "being wise spiritually" and having an extensive knowledge of Sikh history, both of which make him popular for being invited to give presentations. She tells me,

"He is a really great story teller… at the beginning of his talk he will do 15 minutes of health advice, saying things like the radio doctor. Like recommending turmeric every day before you eat anything, or lemon juice and cayenne as a health tonic… that kind of thing."

She talks about this particular spiritual leader's advice in the same critical way that she does the radio show doctor. She shakes her head in a sad way as she tells me that because he is a spiritual person people take his advice without question. She says that she often hears how a spiritual person "wouldn't tell you anything wrong," which she says automatically gives credibility to the advice. In her opinion, people who attend these talks are more likely to believe the advice of the spiritual leader as opposed to a medical professional when it comes to the prevention of disease and illness.

I ask Anaya what she thinks about the connections between health, wellness, and spirituality. I use the term spirituality rather than religion because this is how Anaya describes her practice and faith. She tells me how she sees a link as centering around the idea that the physical body and mental power are interrelated and that the mental can control the physical. In her usual fashion Anaya uses an example to explain this connection.

"From a spiritual level, to be able to sit cross-legged for many hours for meditation – if your knees are hurting or if your lower back is hurting then you are not well because you can't focus. If there is pain in your body, you can't focus your energy into your meditation."

She continues to tell me how concerns that some people would consider minor, like heartburn or bloating, are "distractors" and "obstacles to meditation" that can impede a person's ability to meditate properly. She says that to be well spiritually means to be free of physical distractors, however, if physical distractions are present then being able to achieve a "higher state of spirituality" by not feeling them is a way that people can "overcome" their situation. She tells me that the most spiritual people that she knows

never have a symptomatic health complaint, even if they have a medical diagnosis. According to Anaya this means that they are more likely to make "lifestyle choices" by changing diet or by taking "natural supplements" instead of pharmaceuticals. She tells me,

"If a spiritual person has a doctor that tells them that they have diabetes they will eat more bitter melon and reduce sugar levels in their diet and the like, but they won't take medicine."

As a "spiritual guide" those who give talks and lead hymns are in the "spiritual spotlight" and therefore do not want to admit that they experience health concerns. She thinks this is because of the assumption that they are faultless. As she is explaining this to me, she says that she is unsure if this is a self-imposed belief or the expectation of followers. Pausing to think about it for a minute she settles on the idea that pressures from others and from the self perhaps reinforce each other. Either way, she says, if others thought that a spiritual leader is sick there would be a loss of confidence in them and the validity of their advice.

To reinforce this point Anaya continues to tell me about "one of the most spiritual people" that she has ever met, an older man who travels globally to give talks at temples. She recalls a recent conversation that she has with him about his diabetes diagnosis.

"He laughed and said "do I need injections? Do I need any kind of oral medication or therapy?" I asked him how his blood sugar levels are, and he just shrugs and says he doesn't even know, her never checks! He was laughing about it! I ask him if he ever goes to the doctor about his diabetes and he tells me that he went once and that the doctor said that his blood sugar levels were high and that there was something wrong with his eyes. When I ask him what he thinks about this he just says, "I'm fine, there's nothing wrong with me. If I think I'm fine, then I'm fine..."

Anaya talks about this man and his ability to not let his diabetes impact his life in a positive way despite her earlier criticism of a blind acceptance of popular advice. She shares with me that she sees "great strength" in the man for "overcoming" his illness and that she attributes his "good health" to his ability to focus at a deeper level and she evaluates his character based on his ability to manage his health. I consider here how perhaps I pick up on these ideas because of the knowledge that I acquired through my

social science training. When I hear this story, I think about Crawford's (1980) discussion of holistic health and the ways that it incorporates a religious view, whether Western or Eastern in origin, and how it is not uncommon that religious leaders and practitioners promote holistic health services. Philosophically, he argues, holistic health is just healthism portrayed as a "way of being" balancing body, mind, and spirit, while also encouraging active participation and self-responsibility (Crawford, 1980, p. 366). I see the way that she talks about the man as being in good health, despite not acknowledging or taking steps to address his diabetes, as being an example of the hidden ways that discourses of individual responsibility and self-maximization can operate not only in health and wellness, but perhaps also in spirituality.

I also pause here to question her on whether being healthy makes someone more spiritual, or if being spiritual can make someone healthier? As a way of explaining the connection between mental strength, spirituality, and health, Anaya tells me about a patient that she saw the previous day. She frames this particular story as contrasting the "strength" of the spiritual leader with diabetes in order to show me someone who is not able to manage or overcome their health concerns. Anaya first tells me that the woman had been on a carbohydrate restrictive ketogenic diet for approximately four months in order to lose weight. According to Anaya she had been having success with the diet and lost a substantial amount of weight. She tells me how, on a recent trip to India, the woman abandoned the diet and ate without restriction to the point of overindulging. This resulted in the woman gaining back most of the weight that she had lost and developing symptoms consistent with heartburn. However, during her visit with Anaya, the woman was adamant to the point of exasperation that her symptoms not be labeled as heartburn. Anaya describes the conversation between herself and her patient for me,

"She [the patient] says, "it's a pressure and it feels like I have to burp but I can't, and its worse, the pressure, when I'm laying down." She would tell me that it really bothered her, and that she was very anxious… she wanted me to do something about it right away. She wanted almost like a guarantee, you know, for me to say what percentage whatever treatment I'd give her would help her 'pressure'. She kept saying "I can't focus on my prayers. I can't focus on my meditation. It's just bothering me too much…" I ended up giving her a homeopathic remedy for extreme anxiety about health that is supposed to help with having a burning sensation in the chest and feelings of impending doom."

Anaya tells me that she thinks that this woman's problems come from her "spiraling down" and "focusing on the pressure" that she feels in her chest. I notice from the way that Anaya emphasizes certain words that she is framing this description to intentionally juxtapose the earlier example of the man who was able to "get above" his physical symptoms. Where he was more "more spiritual" the woman is unable to be "spiritually well" as a result of her condition.

"My patient says, "*I don't know what to eat, I don't know how to sit, I don't know how to lay down…*" When I ask her how long this has been happening she tells me that it has been two weeks. I'm like, on a scale of one to ten, how debilitating is it? And then she says, "it's about a three..." I'm shocked and confused! So, I say, it's not actually bothering you eating or drinking, or is it just discomfort during the day? She says, "*it's a little bit there, but I just want to get rid of it, I don't want it there to be anything.*" Now, I don't deny that this symptom is there for this woman, and we are going to work on it, I have designed a treatment plan for her, but it's her anxiety around it, it's just too much!"

Not satisfied that I understand Anaya offers an analogy,

"You know when you feel a pain, like maybe in your elbow? It's just a feeling in your elbow, but if you focus on it then it gets really, really strong, and it starts bothering you. That's exactly what she's doing with her heartburn. When something is bothering you, like if it is painful or inflamed, you are obviously going to feel it. If you think about this more systemically in terms of disease… I believe hugely in the mind, body, and soul connection – if things are shaken up in any of these areas you will see it present itself – manifest in a physical way."

She explains that as human we are very aware of the energy in our bodies and that when energy "gets stuck" this is when problems start. She says that more people are practicing the "spirituality" aspects of Sikhism and not just the "movements" of the religion and that more people are "physically practicing spirituality" might be because of the emphasis on spirituality in health and wellness advice. Or perhaps, she says, more people are embracing health and wellness to facilitate a deeper spiritual practice. Either way, Anaya argues that this link affects the way that people think about and manage their personal heath. Although Anaya did not really answer whether spirituality equates

to health or vice versa her story helps me to understand how she views what it means to be healthy and the connections that she makes between spirituality and the body. The words that she uses to frame this connection suggests to me that being healthy is something that can be both a moral act and up to the individual to perform. They also imply that a person's health can be the result of both the physical and mental strength of that person. These stories emphasize the responsibility that is placed on individuals to take care of their own health and are an indication of the pressure that some people may feel to manage their life in this way. I pause here to consider how the message behind these stories contradict her earlier critiques of the radio show doctor and the way that she questions the marketing of health and wellness advice that is framed with the same messages she uses here.

I think to myself, why is self-initiating, health seeking behavior through personal endeavor sometimes good (as in the man with diabetes), but also something to be critical of (as in the radio doctor)? They both clearly involve an aspect of spirituality and individual action using means outside of the traditional medical system, but what makes them so different? I consider how it is my way of hearing these stories, interpreting them as being either good or bad, that perhaps frames them in this way. That is, I am aware that in effort to understand things I am listening not only to the stories and ideas of my conversation partners, but also to the academic literature that shapes my way of thinking and seeing.

After learning about the popular radio station doctor from Anaya I also try to ask the other women that I interview if they are familiar with him. I am curious what they think about the doctor, the program, and the type of advice that he gives. Meera and Zara tell me that they know all about the show and that friends and family members often share information from the program with them. Sonia, like Anaya, does not listen to the show herself but says that she hears her mother talk about it. Sonia recalls more than one occasion when her mother has shared advice from the program with her, mostly about ways to reduce stress and sleep better at night, two issues that she tells me impact her ability to be healthy. She says that although the advice specifically comes from the radio doctor's programming she does not "blame the doctor for it" and instead that this type of "interference" is just "what her mother does" and that if it was not from the doctor it would be from someone or somewhere else. She explains how in their relationship her mother often offers her opinion and makes comments on Sonia's life choices and that the doctor

does not necessarily cause this and that her mother would act in this way regardless of his specific advice. However, she adds, the fact that it comes from a doctor adds "some sort of credibility" to her mother's opinion. Sonia feigns a mock annoyance of her mother's concern but then lowers her voice and confesses to me that she secretly likes the way her mother worries about her and knowing that she cares enough to share the advice. I was surprised how the conversations between Sonia, Meera, Zara, and myself about the radio show doctor differed greatly from the those I had with Anaya. Specifically, I noticed the ways that the doctor and his advice was talked about in terms of connections between the women and others, rather than focusing on individualizing discourse and behaviors. I wonder here how relationships to this type of information matter – Anaya is a doctor, and these are topics that she considers often – which in turn influences the way that she sees him and his program, as well as health and wellness advice more generally. She is not unlike me here; it is both of our "training", mine in social sciences and hers in medicine, that shapes the ways that we see the world and informs the types of questions that we each ask.

Chapter 5.   Techniques of navigating diet, exercise, and lifestyle advice.

I appreciate having the opportunity to interview some of the women twice as this allows me to sit and think about aspects of our conversations during and after transcription and then revisit some of ideas further when we meet again. It is during this process where, thinking about our conversations about the radio show doctor, I begin to wonder about the types of advice that surround health and wellness, and how this connects to what it means to be healthy. Although many of our first conversations touch on these ideas, it is in the second interviews where I come to appreciate the emphasis on diet, exercise, and healthy habits, and the ways that they are incorporated into daily lives. I notice how things like diet and exercise are explained in relation to how the women 'measure up' to their perceived goals. I find that for them some of the goals are specific and related to the actions of personal responsibility associated with health and wellness such as physical activity, stress management, nutritional understanding, and environmental awareness (Ardell, 1985). For Kyra and Meera in particular these goals were made in reference to recommendations and advice and the lifestyles and behaviors of other people.

"I try to walk three times a week for half an hour. Sometimes I can't because of work and kids and stuff… You know, sometimes I'm just too busy. I know I should do more for my health, but it's hard." (Kyra)

However, I also find that for others like Meera their goals were more general or abstract, reflecting the fact that health and wellness itself is often conceptually broad (O'Donnell, 2009).

"I'm trying to eat better. I went away last month and didn't make very good choices. Now I'm eating a bit less carbs than before. Like less bread and stuff. I haven't noticed much difference in weight yet, but I think I feel better." (Meera)

When I ask Kyra and Meera where these ideas come from, they say that they have "heard it somewhere" but that they cannot remember when or where. In these and similar conversations it is unclear to the women why or how following the recommendations that they reference will make them healthier or how it will improve

their life. Instead, they just know that they "should do them". Zara tells me that she "feels good" and that she has "accomplished something" when she is able to act out particular healthy living actions,

"I made it to the gym three times last week, I was so proud of myself! I felt way better because of it. Hopefully I can manage this again this week, its already Wednesday though, so I'm not sure it will happen. I've been eating really well though, I haven't eaten out once, and I have even been packing my own lunch every night. I think it'll get easier if I make kinda a habit out of it. They say it takes three weeks before something becomes a habit, ingrained in a way? That would be good if I could do that…" (Zara)

I notice how embedded in many of these conversations is a personal obligation to do better and the idea that they 'should' make improvements in their lives. Words like 'should' and 'try' imply that for them, actively choosing actions in line with healthy living is expected. In listening to the women talk I also notice how expectations can be framed as steps that progress towards an imagined ideal of what living a healthy life looks like to the women, even if this ideal was not always an attainable or definable goal. Discourses of empowerment, choice, and self-determination often direct the ways that we think or talk about healthy living and with this comes the idea that we need to take responsibility for our own health (Petersen and Lupton, 1997). That is, when we make the right choices it is an exercise of our freedom and the fulfillment of our individual potential. There seems to be a rational self-interest quality to healthy living and what comes with it is a demand for perfection of the daily processes of living that can only be realized through the actions of the individual person. It is the expectation of health and wellness discourse that in order to live a respectable life everyone must take the necessary steps to minimize disease and illness, while at the same time maximizing our own happiness, all through behaviors and lifestyle choices.

When I ask the women how they feel when they are not able to achieve their expectations or perform the actions that they associate with being healthy they tell me that they "feel bad" and "guilty, sometimes" for what they see as constituting a personal failure. I also notice how they make the same association between self-worth and healthy living when they talk about the lifestyle choices of others. They describe friends and family members as "lazy," "unhealthy," or "fat" expressing negative judgment of character on those they perceive as not exhibiting appropriate behaviors. People who

make the "choice" to not "live well" are opening themselves up to receiving negative judgment of their character. Alternatively, people that they would categorize as "being healthy" were explained by them as "having their life together" and the women expressed admiration for their ability to "find balance," describing them as being "strong" and "dedicated" in their life choices.

I question the consequences of categorizing people as being healthy or unhealthy, and the framing of healthy living and wellness as being a personal choice. Yet I also wonder how much of me being uncomfortable about this is due to my academic exposures to these types of discussions. I have a difficulty with this because I see these as assumptions that are premised on the idea that everyone has equal access to resources and knowledge, and that they are located in the idea that we all have the same picture of what living a healthy life looks like. Both Sonia and Rani talk about people that they know who either eat fast food and are overweight or who smoke cigarettes as being deserving of any ill health that they experience because they are *choosing* not to make healthy decisions. I noticed that both give slight reprieves for those who are actively working towards adopting a healthier lifestyle, like trying to quit smoking. Yet in these examples it was not the level of success that necessarily mattered, it was that they were taking the "initiative" or showing "willpower" in taking responsibility for "their problem" that was important. As I hear examples of deserving or not deserving health, I am aware that embedded in each is the assumption of universal opportunity and the idea that everyone has the same rights and chances to make these types of choices and how this rhetoric of "making the right choice" is what acts to further cement wellness as being an individual responsibility, preventing the acknowledgement of socio-political inequalities.

In engaging in the literature on the topic after the interviews I become attuned to how this way of thinking and pressure to make the right choice reinforces the broader view that it is not poverty that is the problem, it is the failure to execute healthy life choices (Brown and Baker, 2013). It is these "bad choices" that are then used as an explanation for why people are living in poverty to begin with, locating both the problem and the solution solely on the individual person and their unwillingness to take responsibility for their "situation".

This "blaming the individual" way of thinking also has consequences for how the women see their responsibility for their own health in their day to day lives. I think about Rani and how in our second interview she expresses to me a feeling of failure for not having enough time to exercise and cook healthy foods for herself. Instead of seeing her lack of time as a result of being a single parent who works long hours both inside and outside the home to support her two children, she describes herself as failing for not being able "to make more time" in the day. When I ask her where she thinks this extra time could come from, she confesses that she has no idea. I notice how despite this acknowledgment she does not rethink her original self-blame, and how thinking about it only seems to make her feel more defeated. I ask Rani how "not having enough time" makes her feel and she tells me that her inability to perform daily actions like eating healthy or exercising means that she is failing, and that this failure in turn reflects her character and self-worth.

"I wish I was one of those people that could just get up and workout every morning, maybe I'm lazy or something?" (Rani, referring to mothers who go to the gym before work while their children are still sleeping)

When Rani tells me this, I find myself thinking that there are some similarities between her own judgment of her self-worth and the way that both she and Sonia describe the character of others for failing to perform healthy living behaviors.

This moral imperative to make the right choices when selecting healthy living options also demands that people are active in these decisions (Beck and Beck-Gernsheim, 2002). That is, in that as these choices are seen as a reflection of character and self-worth there is an embedded element of expected accountability in how people choose to act. But what happens when there is a seemingly never-ending supply of advice about how one should live their life, how do you know what advice to follow? And with this, how do we as anthropologists attend to the moral imperative for us as social scientists to critique this individualist ideology while it sits so awkwardly with the passions and identifications I hear in my interlocutors?

I see deciding *the best way* to be healthy and the choice of which information to follow as somewhat of a complicated process. Advice and practices can be both multiple and conflicting as there is a seemingly endless amount of diets and exercise programs, as

well as complementarity and alternative medicines. At times, this can create a situation of competing knowledges and authorities when trying to manage one's body and self (Brown and Baker, 2013). In my conversations with Sonia I become aware of how this can play out in relationships as she describes her good friend, Beth. Sonia tells me how Beth has recently been experimenting with intermittent fasting, which means, as she explains, that Beth only eats within an eight-hour period every day.

"Beth does that new fasting thing. She doesn't eat before lunch and then nothing after 8pm or something. Like, nothing! Maybe some water of coffee in the morning. I don't get it. She says that it's good for you and will make you lose weight, but what about the metabolism? Won't it think you are starving? My trainer [at her gym] says that eating small meals throughout the day will make my metabolism faster and burn more calories. What she's doing really doesn't make much sense to me…"

Sonia describes Beth's actions as not being an appropriate choice because they contradict the information that Sonia herself has been given. It is this, the information from her trainer, that partly informs Sonia's ideas of how the body works and what it means to be healthy, and she then uses this knowledge to evaluate Beth's choices. I view health and wellness, and their associated lifestyle choices here as being moralized in these conversations - people are good or bad based on their actions or inactions and are then judged as a result. But I also appreciate how this process makes health and wellness both social and relational. That is, through these conversations I come to understand how as one develops their sense of self, whether one is healthy or not, or deserving or not, is a process that is also entangled, albeit often in messy ways, with the views of others.

Chapter 6.   Making connections: friendships through health and wellness.

In wondering about the ways that health and wellness are social acts I make connections between healthy living behaviors and the relationships that the women have with friends and family. Rani and Sonia talk about making new friends in fitness classes and at the gym, and Meera describes meeting her now best friend at a 'healthy diet' focused cooking class. All three of these women tell me that they find it is easier to develop social relationships in these types of environments because they know that everyone present has a similar interest in health and fitness. They explain to me a feeling of comfortability in approaching new people knowing that they have mutual interests and that this commonality "gives them something to talk about" and a way to connect. I also learn from our conversations how this commonality of interest keeps friendships together because they are able to spend their time hiking, jogging, walking, or going to the gym, and therefore staying socially connected. This is especially true when the women are busy and would otherwise be forced to choose between fitness activities and having separate social lives.

Zara explains it to me like this,

"If we didn't do these kinds of things together, I would have to choose. Some of my friends don't like that kind of stuff, you know, they'd rather go to the movies or out for dinner or something. I don't see them as much anymore, different interests, we just kind of drifted apart. It's hard to find the time, we're all just so busy. (Zara)"

I wonder how these friendships that are based around healthy living might differ in comparison to other prominent relationships in their lives and I consider that perhaps I come to this research with the assumption that most people create friendships with others of similar demographics, for example age, income, location, and cultural background. However, through this process I recognize that this is not the case for the women that I talk to, nor is it necessarily true of my own experiences. Much like I have created social relationships with them, they have also created friendships with others based on mutual lifestyle interests. And, through their stories, I come to appreciate how cognizant they are of being friends with people they would not normally. Kyra, a young wife and new mother, is especially attuned to this and describes to me how she has

developed a friendship with an older, single, and childless woman. She believes that if it were not for the local community center's group fitness class they would never be friends. Kyra is quick to point out that this is not because she would not like her as a friend, just that they would not have "connected in the same way" without a common interest in health and exercise. When Kyra considers the prospect of not having this particular friend in her life it makes her visibly sad.

"We just wouldn't have thought we had anything in common otherwise. I don't know how we would have met? We don't have kids the same age, or work in the same area. But I would miss her. We have become really, really close. I would call her my best friend. She is always there when I need her. We can talk for hours, I feel like she is my sister in a way." (Kyra)

The discussion and sharing of lifestyle advice have been important for both Zara and Meera in allowing them to bond with friends and family. This is especially true for creating new friendships: *"How long have you been coming to this class? Are you new to the gym?* The sharing of advice also gives the women something to talk about, both in existing relationships and in casual conversation: "*Have you tried this new diet? I hear lowering carbs can be good for sugar levels."*

In hearing their stories, I become overly aware of how these are the same types of conversations that have helped me to meet the women that I am interviewing. I can appreciate how these types of interactions create connections between people and how they come with an aspect of sharing and caring for the life of someone else. And, in being able to see this caring, I draw parallels between these examples with way that Sonia's mother relays the radio doctor's advice, as it is her way of maintaining a bond and showing affection in their mother-daughter relationship.

Chapter 7.   Unanswered questions, "contradictions", and messiness of human experience.

As I stand back from this experience I realize that one of the biggest challenges for me has been resisting the urge to smooth out the inconsistencies and contradictions in the stories that the women share. Over and over again I have had to fight a desire to explain their ideas in neat and tidy ways and I have had to stop myself from trying to clean away the messiness of everyday life. There have been occasions when this constantly looking for sameness and reasons has meant that I get stuck in the contradictions and differences, leaving me frustrated and uncertain. Sometimes it seems that the farther I get, the more questions I have. However, in retrospect this discomfort has been productive in that it encourages me to really see how methodological choices impact the way we represent others. Because of this I question the role of theory when we as ethnographers are tasked with discussing the lives of others, especially when these lives (not unlike our own) are lived in constant negotiation with powerful structuring forces and personal agency. I become aware pretty early on in this work that the messiness of the lived experience is something that does not fit neatly into theoretical ideas and concepts. Over time I also come to see theory's ability to illuminate the creative tensions that exists between it and what we encounter in the field. This allows me to see the body, through the lens of health and wellness, as being *not only* inscribed by the power of globalized structures (such as neoliberal control), but as also inscribed unevenly or not entirely with spaces made by agency. It is this realization that causes me to I ask what possibilities are available to us when we see ethnography not being of theory, but rather as "in the way" of theory (Biehl, 2013). That is, I ask what is possible for the ways that we represent others when we think about ethnography as both questioning theory and remaking it in the process?

I have become intensely conscious of how, no matter if we are choosing it or not, theoretical ideas are always already embedded in our work. Theory is something that causes us to feel and see the world differently; it is a kind of knowledge that "demands" that we take notice (Madison, 1999, p. 109). I know that the way that I approach research has been informed by the particular theoretical concepts that I have studied, and I am aware of how my observations and the way I read and analyze my fieldwork

have also been influenced much in the same way. In thinking about this I often find myself imagining all the big theorists that have shaped my education as sitting in with us during our interview conversations and again as I write, discreetly whispering their views in my ear, people like Marx, Foucault, Durkheim, and Weber. It is the views of the influential theorists like these that fill my head as I go into my interviews. I am aware how because of my training in anthropology and sociology I am someone who cannot help but make associations to theory. In recognizing the influence of theoretical voices like these and how they position me to see the world in a particular way, I am both learning and unlearning at the same time, "realizing" a type of truth in the process (Madison, 1999, p. 109).

I carry this understanding with me as I immerse myself in the existing body of literature on health and wellness and as I become aware of how much of the prominent ideas and perspectives on the topic are informed by a Foucauldian idea of power, in particular the concept of governmentality (Brown and Baker, 2013). In my own research I can appreciate Foucault's argument that power comes not only from top-down state control but also through disciplinary institutions and knowledges, and I can see how this lends itself especially well to health and wellness. I can also understand how western society's current ideological framework, with an emphasis on neoliberal individual choice, promotes health and wellness as seemingly free social practices, and how this encourages people to internalize responsibility through techniques that state sanctions do not have access to (Hilgers, 2011; Fries, 2008; Petersen and Lupton 1997). Rather than forcing people to undertake health promoting behavior, the philosophy of public health initiatives is to put emphasis on the "personal enjoyment" of actively choosing health promoting strategies. The "healthy citizen" ideal brings together both their own personal approval and the idea of working towards the common public good of health causing external imperatives to be internalized as private interest (Lupton, 1995).

In my own everyday life, I can see evidence that under the structure of neoliberalism people are more likely to speak of the freedom to pursue their goals, rather than of a freedom from oppression or control (Rose, 1999). This helps me to understand that the individual autonomy, personal responsibility, and element of choice within health and wellness can be something that is not in opposition to governance but instead central to neoliberal control. This is perhaps why in our conversations I recognize that there is a "drive" towards "good heath" in the ways that we frame diet and exercise as something

that we "should" do, and why I see this focus on personal responsibility and self-governance as suggesting a repositioning of self into something like an enterprise (Hilgers, 2011, p. 358). As a result, I can see and appreciate how this could mean an understated change and perhaps even a depoliticization of the conventional understandings that we have in our ideas of individual autonomy (McNay, 2009, p. 62). This is evident in the ways in which we view and manage our bodies, particularly in how we see problems that were once considered a medical issue now as a personal or moral problem that needs to be addressed through actions of individuals, rather than by doctors or other professionals (Conrad, 1994). The way that I hear stories, such as Anaya's moralizing of being healthy and the connections that she makes between health and spirituality, seem to reinforce some of the arguments informed by a Foucauldian governmentality perspective, and they cause me to wonder how they can add to the conversation about self-regulation and identity by showing how judgments of self and others can shape people into "particular types of subjects" like the "health conscious" citizen (Ayo, 2012, p. 100). Most importantly, this exploring of the literature and the explicit theoretical perspectives that premise it has afforded me an awareness of the views that I already hold in more implicit ways and has caused me to take notice of how they shape the way that I interpret the world.

Despite seeing the ways that the conversations we have can illustrate the existing theoretical literature, the contradictions that I notice within and between the stories that the women share causes me to question the implications of explaining others with and through theoretical ideas deployed in a totalizing way, such as in much of the health and wellness research. I see how Foucault's ideas (and those whose work is informed by Foucauldian conceptions of power discussed above) may lack attention to the potential agency of bodies, and how this misses the spaces of contradiction made by agency. Yes, the women (and also myself) are guilty of repeating neoliberal discourse and placing the responsibility for health on the individual. We blame ourselves and pass judgment on others for the state of one's health and we infer moral character and citizenship in the process. Who of us can actually say that they have never felt guilty for not exercising or for making poor food choices? Yet by focusing on only this – the ways that neoliberal ideology and the state implicitly limit and control the way that we are able to think and act – risks ignoring the agency and variability of the actual lived experience where the women are able to both construct and maintain relationships through healthy

living. Through their examples of agency and "counter-discourse" I can appreciate critiques of Foucault that argue his conception of discourse and power falsely posits a subjective voice against objective authority, ignoring the instability of discourse and the resulting proliferation of voices (Young, 2001 and Terdiman, 1985, in Legg, 2007). Some read Foucault as saying that although people are always subjected by complex and shifting social power, they also have the ability to take up a particular position of subject created by these forces (see Allen, 2002), however I suggest that this is perhaps too simplistic a view that still claims to fully explain and neatly categorize the social world. Instead I argue that we should not be looking at the shift towards neoliberal rationality and internalized Foucauldian control as a complete change and replacement of the political with the personal, and instead that we think about it more of a re-drawing of the borders between public and private (Cruikshank, 1999).

It is with this type of reflexive practice that I begin to notice how although theoretical perspectives can provide the ability to illuminate, they can circumscribe an ethnographic view, risking that we reify particular ethnographic moments (Biehl, 2013). In focusing on the effects of broad cultural practices we are decentering ourselves away from the 'real life' stories that we tell, to instead to concentrate on language and "mere representation" (Campbell and Kelly, 2011). Through this experience I have come to appreciate how focusing on Foucauldian types of power, both disciplinary and biopower, works against the surfacing of a "multiplicity" of others (Myers, 2008) and how this limiting perspective can lack attention to the role of relations of mutuality, reciprocity, and recognition in the creation and sustainment of self (Allen, 2004) and I see those who discuss health and wellness by focusing on the individualistic aspects (see Giddens, 1991 for an example of this) as obstructing the conversations that we could be having.

With this in mind I ask how we as ethnographers can approach the types of conversations that ask us to simultaneously acknowledge the power of globalized structures while still seeing the variability of personal and local experience and agency? I have learned that navigating this requires that we pay close attention to the way that theory can silence or emphasize one force over another and can also create what seems like contradictions between. From working through our theoretical influences and the way they shape how we talk about the body I have come to think of agency not as a resistance to the domination of complex phenomena of globalized structures, but instead like Mahmood's "capacity for action" where agency is created and enabled by historical

and specific relations of subordination (Mahmood, 2001, p. 203). This allows me to see the body, through the lens of health and wellness, as being *not only* inscribed by the power of globalized structures (such as neoliberal control), but as also inscribed unevenly or not entirely with spaces made by agency.

 I have found that Saba Mahmood's (2001) work with women involved in the Egyptian Islamic revival offers me a way of looking at how we as ethnographers can provide analysis when the goals of theoretical frameworks (in this case the politics of feminist research) are met with the specificity made by culture and history. In her work Mahmood problematizes feminist notions of human agency and their attempt to locate power and moral autonomy of the subject as existing only in opposition to power. Although she maintains that feminist scholarship in this area has enabled us particular understandings, she is also able to show how presenting agency in this way acts to restrict how we "understand and interrogate the lives of women whose desires, affect, and will have been shaped by non-liberal traditions" (p. 203).

It is feminist traditions that have allowed ethnographers to present women as active agents of freewill, a needed response to their portrayal as passive and powerless, however this also has the potential to be a totalizing perspective that can act as a barrier in research. In the way that Mahmood frames her discussion she attends to what I come to see as a false dichotomy in how we understand and represent others in our work, particularly when we are talking about human agency. This has caused me to notice how approaching research in this way, from a perspective that frames agency in black and white terms, makes it easy to overlook the "motivations, desires, and goals" embedded in the lives of the people that we work with, because the alternative framework simply does not capture them (p. 209). The way that Mahmood attends to this, with a goal of writing in a way that "speak[s] back to normative liberal assumptions about freedom and agency" rather than trying to simply provide an anthropological account, speaks to me and my own goals of how I want to present my research (p. 203). I find that by drawing from her approach to agency I am able to shift away from presenting the stories and ideas of the women that I interview only in terms of "resistance to relations of domination" and instead talk about then as a "capacity for action" that is also enabled and created by "historically specific relations of subordination" (p. 203). That is, it is in this work that I am able to think through my own research, allowing me to see that

agency is not simply about subverting societal norms and structures of power, nor is it only about dualistic terms of resistance and subordination.

It is in these "creative tensions", where I struggle to understand the relationships between things like theory and ethnography, and agency and control, that I find that I am also able to preserve the interrelatedness, precariousness, uncertainty, and curiosity that we work with as ethnographers (Biehl, 2013, p. 575). The women that I interview know that for them ways of thinking and doing in terms of health and wellness can be incredibly social, especially in relation to diet, exercise, and advice. They intentionally frame their stories to illustrate to me how friendships can be created by drawing on similar interests and how relationships can be maintained by engaging in the same activity or by showing care through sharing advice about healthy living. Yet at the same time the ways that they experience pressures to live in particular ways and the important role that this plays in the way that they see themselves and others is also important. It has been useful for me to consider that if health and wellness under neoliberal governance is no longer a collective right under the state, it does not mean that it is not a social act. On the contrary, our understanding of rights and responsibilities, and perception of self are all based on social relationships – either collectively with others or through comparison (Das, 2011). Like others, I try to account for freedom, agency, family, politics, relationships, self, gender, religion, and choice in the vocabulary that is available for us to work with. The challenge as I see it is not that we have to choose between agency *or* Foucauldian ideas of power, rather it is to explore the "the tensions and possibilities in/between" towards a positioning that does not close itself off from possibilities and does not see theoretical perspectives or our work as final and definitive (Campbell and Kelly, 2011, p. 190). I see this way of understanding the contradiction between the two as similar to Ortner's "practice theory", which focuses an anthropological lens on the relationship that exists between the structures of society and culture and the capacity for human agency (2006). It is with the positions of these anthropologists in mind that I see my goal as an ethnographer as capturing and representing the fullness and richness of these seemingly contradicting pressures, and one of the ways that I can do this is through writing about the lived experience, however messy it may be.

By holding on to these areas of unevenness and resisting the urge to smooth out what does not fit, we can try to move towards a "theorizing subjectivity" as a way to attend to

life lived in the contradictions and towards thinking about the body as "discursive, material, *and* embodied" (emphasis mine, Trivelli, 2014, p. 152) with the discursive and material not being thought of as separate worlds that only sometimes "interact" (Blackman in Trivelli, 2014, p. 153). By changing the way that I think about theory I come to see that it is not about answering whether the conversations that I have with the women can be explained by a particular idea or concept, or that the variability of individual acts of agency disaffirms the impact of larger social forces. Instead it is about seeing techniques of being and doing as informed by both (although sometimes unevenly) and how these influences cannot be neatly separated. It is about how sometimes, if we stay present in the areas that we see as contentious, we can find it to be a productive ethnographic space for us and a source of new conversations. It is here where we can truly appreciate the entirety of how both larger global structures influence the ways that we think and act through the options that are available to us, *and* how everyday lived experience of navigating these fields come together as an embodied experience that can at times simultaneously resist, conform, and even confound how we expect people to be in the world.

As we explore the everyday and acknowledge the details of experience we are able to move past the details, not looking for what is recognizable but instead seeing the "exigence, fluidity, and particularity" of living (Sotirin, 2010). Sharing the stories and practices of the people that we interview in a way that holds on to and communicates differences, or with what Sotirin (2010) refers to as a "radical specificity", allows us a way to go beyond what is shared and communicable. This is especially true when we are talking about things like personal experiences and cultural relations. The result of this in our work is that we can shift away from any goals that we may have had that attempt to identify meaning and or cultural frameworks, and instead we can move towards seeing the developing possibilities that exist within any experience.

At times I wonder if I have become attuned to the spaces the differences and the particularity of experiences as a result of Anaya's involvement in this project. I view it as incomprehensible that a friend, a person that I know so well, could be completely explained by a particular theoretical concept or framework. It is even more difficult to consider my own life and experiences as being reduced in this way. There is just too much of both of us that does not neatly fit into categories or accepted reasoning, and perhaps this is also what encourages me to think about the other women that I talk to

also in the same way. I write with my thesis with this in mind and in a way that does not seek to use theory as a way of trying to get representation 'right' but instead as a way to consider where our conversations might go and what potential ways of knowing and relating already exist in them (Stewart, 2008, p. 73). Instead I choose to think and write in a way that allows me to follow the theory, picking up on the ways that it reflects and explains parts of the conversations we have about health and wellness, while at the same time noticing how it becomes "unstuck from its own line" as I recognize things that do not seem to fit (Stewart, 2008, p. 72). But instead of walking away from this inconsistency I see it as an opportunity to illustrate the ways that theory is both challenged and reconceptualized by the complexity of everyday social practices, and through my writing I try to understand the practices of myself and others without reducing them to a model of a particular theory. That is, instead of imposing a predetermined theoretical model on complicated everyday life (Cerwonka and Malkki, 2007, p. 16) I challenge myself to think about the ways that theory and ethnographic material can be used to think through each other, with contradictions and inconstancies not as a problem that needs to be solved, but as an opportunity for a continued conversation.

As I move to the task of analysis and writing I ask what possibilities are available to us as ethnographers and in turn what this can mean for the ways that we present our work. Viewing what we see as the contradictions and inconsistencies in our work as an opportunity for conversation is one thing, but knowing what this looks like, sounds like, and feels like, and how to communicate this through the way I write about my research is another. It seems to make sense that we can take the analytical tools that are offered to us by theorists and use them to interrogate those places that are "beyond the words and discourses" as a way to attend to the "vitality and intensity" that is contained within them (Million, 2013, p. 30). For me this has encouraged a noticing of the importance of friendship, belonging, and caring in the conversations that we have. Because of this I see an analysis of affect and emotion, or a "felt theory," as something that we can do to attempt to understand powerful forces, like that of neoliberal governance, in a way that can acknowledge how experience and community also informs our particular positions in society (Million, 2013, p. 57). I argue that this analysis of affect and emotion requires paying attention to the everyday, or "ordinary affects," as a "tangle of potential connections" that are constantly in motion, seeing them as a "contact zone for analysis"

that makes connections between singular events rather than looking for clarity or closure (Stewart, 2007, p. 4-5). This allows us to understand forces like neoliberalism, capitalism, globalization and the like as real and imminent but also notice how they are limited in their ability to describe the actual lives that we live. Paying attention to *ordinary affect* can revive these conceptual terms and bring them into view rather than leaving them as "dead effects on an innocent world" (Stewart, 2007, p. 1). Yes, the women that I talk to use discourse and act in ways that are consistent with a neoliberal emphasis on individualism and this definitely shapes or provides conditions for some of the ways that they think and talk about health and wellness. But paying attention to the everyday – the stories about spending time with others doing and talking about health and wellness – are important too because they also inform the way the women think and talk about health and wellness. It is in this place of noticing what does not fit where I see how experiences and discourses are sites of "constructions, collapses and relapses," that can at the same time both converge and clash, showing through health and wellness how the body is discursive, material, and embodied (Trivelli, 2014, p. 152).

Chapter 8.   Conversations of tradition and culture.

I continue thinking about how health and wellness advice might be used to maintain aspects of caring in family or other relationships as I sit down for another interview with Anaya. While we are talking Anaya tells me about a project that she has been asked to contribute to. A friend of hers has been collecting "remedies" used by her own family members and compiling them in a book. Anaya tells me that these "old remedies" involving herbs and naturally occurring ingredients are what her own grandmother would use to fix minor ailments and health complaints. I can tell by the way that Anaya's face lights up that she is excited about this project and being asked to participate. I pause to think about how in past conversations Anaya has talked about her maternal grandmother who still lives in India, describing her as an "old school natural healer" who although not formally taught is well known and respected for her healing practices. I remember how despite the fact that Anaya has only ever met her grandmother once she talks of her in a longing way, and I think about the many times that she has told me how she feels a strong connection to her grandmother and that she views her as influencing her own decision to pursue a career in health.

I find myself feeling excited for Anaya as I ask her what she plans on adding to the book. She runs a few ideas by me before I ask her whether she has considered giving the recipe for her mother's "magic dough" that she swears can heals sprains overnight. The story of the dough is one of my favorite stories that Anaya tells and also one that I tease her about in a friendly way since it involves her notoriously clumsy self. I replay the story in my mind of how when Anaya was younger, on her high school basketball team, she not surprisingly sprains her thumb in a game. This causes her pain and swelling and by the time that she arrives at home after the game she is not able to even move it. Her mother takes one look at Anaya's hand and starts to make what Anaya describes as a 'roti type dough' that she then forms and presses around her swollen fingers. In my head I hear the way Anaya always finishes the story by mimicking her original surprise, saying how that when she woke up the next day and unwrapped the dough the pain was gone. It was miraculous, as if the injury had never happened.

Anaya smiles and laughs at the mention of the story. For her it is a warm memory of her childhood which contrasts for the most part the "difficult relationship" that Anaya has with

her mother today. I listen to this memory with an awareness of how Anaya thinks her mother favors her older brother and how she is often very critical of Anaya's life choices. Anaya has confessed to me that although she has spent her early years seeking her mother's approval now in her thirties she has given up. Instead of trying to win her over Anaya admits that she now intentionally provokes her mother by making decisions that she knows she will disapprove of as a way to exert her independence and show her mother that she no longer has control over her. I am aware, as I jump back and forth in my mind between the current conversation in the interview and our past discussions, how our relationship and our past experiences have informed the ways that I understand what she is telling me now.

I am brought back to the present "magic dough" conversation as Anaya, still excited, says to me,

"Oh, I swear by that! I don't even know how it works, but I swear it does! I was thinking of making my own version of it, maybe making the roti with castor oil, and maybe Epsom salts instead of the alum…?"

I notice that Anaya emphasizes how a relationship to traditional treatment practices is very important to her and that she sees it as a way to connect to past, family, and place. Yet I also see the rejection of her mother's original recipe for the dough as a way for her to separate herself from her mother and the swapping of ingredients as a way to make the recipe her own. For Anaya the new recipe reflects the knowledge that she has as a health professional, a career choice that her mother never gives her credit for. At the same time this story also allows for Anaya to keep part of a good memory, albeit on her own terms. But what does this story of simultaneous 'tradition' and ambivalence being constantly in conversation with each other, both connecting and dividing, mean for the diasporic community, and ultimately for the ways we represent others in our writing?

Chapter 9.   Friendship as method.

The conversation that Anaya and I have about the "magic dough" and the traditional healing book is informed by previous discussions surrounding family dynamics and personal relationships and I am only aware of these because of our friendship. In the early stages of the research process I was concerned that adding the researcher / participant relationship would complicate our existing friendship and I worried how it might impact my research. A sensitivity to her involvement continued for me as I transcribed our interviews and then again later in my analysis and writing as I wondered how I should treat the type of knowledge obtained outside of "the interview" when I know that it shapes the way that I interpret and understand the stories and ideas that she shares with me. I am challenged by wanting both an honest representation in my research and also to protect Anaya and our friendship, but I see that as ethnographers it is our obligation to find a way to do both. I find the emotional involvement and reflexivity required by Anaya's inclusion to be "a rich resource" for the ethnographic process, not a problem to be avoided (Owton and Allen-Collinson, 2014) and that the choice to include a friend is more of a methodological choice than it is a research method. With friendship there is a desire to maintain a dialogical relationship, a concern that actively challenges and disrupts the power imbalance between researcher and participant. Relationally, good friendships include an "ethic of caring" and when they are brought into the research they can invite expressiveness, emotion, and empathy (Owton and Allen-Collinson, 2014, p. 285). For me this caring has meant that I undertake what Madison calls "a labour of reflexivity," meaning that I pay close attention to aspects of the research that perhaps I would normally not consider (Madison, 2011). I see the relationship as one where we both have a level of confidence in each other that allows us to easily share ideas and be attuned to the other's subtler cues like body language and tone of voice. I credit this level of understanding for allowing conversations that are on a deeper level that would not be typical of another researcher / participant relationship, even with the most intense and skilled rapport building. I have already shared Anaya's involvement in the initial stages of this research, but her collaborative input is something that continued throughout the process. From the interviews and transcription, to the analysis and finally writing, she has been there with her ideas and perspectives helping to shape the way that I think and write about both her and health and wellness. I am reminded how important both review sessions and casual conversations with our "participants" are

when we engage in collaborative methodology, and how including participants as theoreticians and analysists can offer positions that are more than just being the "raw material" in our work.

Paying attention to the lived experience can teach us an appreciation for what theory sometimes misses or does not explain. What it cannot necessarily do is provide an explanation for the ways that it does not work. With this in mind I view ethnographic work as something that is never fully complete. That is, we will always be left with questions unanswered and conversations that we continually return to. Since the interviews I have often returned to the story of the traditional treatment book that Anaya shares with me. I view this experience with an appreciation for the fact that this book represents a chance for Anaya to connect with her history, her family, and the place where her parents and grandparents come from through 'traditional' healing practices. Anaya is a reflective person and is able to articulate thoughts that include analytical depth, and because of this our conversations reveal how important this to her. Our relationship and past conversations also help me appreciate that it is significant to Anaya within the context of her own family relationships to be able exercise her own voice and be recognized in the dough recipe or whichever treatment she decides to share. I think about this with an awareness of how the framing of this conversation will have consequences in the way that she and her story are represented in my writing. I hesitate here because I know that for me to make methodological choices that frame this as traditional, neo-traditional, or even not traditional at all comes with implications that extend far beyond this research to historic socio-relations of power and discourse. Finding the balance between the importance of tradition to Anaya and her own personal agency and experience requires that I see the story as a "both and" situation. Preserving tradition and recognizing its connection to a specific place and way of doing something is part of her story. But change, agency, and the local and particular experience is also. Instead of seeing the story as either / or, I give space to the idea that it is both, together. Finding a balance between the two has been a process for me and I find myself going back and forth as I become aware that I am emphasizing one over the other. I write sections that take a critical view of the idea of 'tradition' and the way that it can dictate and limit cultural identity and trap people in the past. I then remember how important the idea of tradition and belonging to the past is to Anaya and I erase these sections because, although I know that she would understand the issues surrounding labeling something as tradition,

this is not how she is experiencing it in this time of her life. Instead I write how she explained it to me, and I frame it through the process of my trying to understand.

Chapter 10.   Research, relationships, and reflexivity.

The unique role that Anaya has in this project – the sometimes friend, other times participant – causes me to consider how the knowledge that I have of her is not contained within either role. But thinking about this has also made me aware of and question the 'event' that is the formal interview and the idea that it starts when we sit down at a specified time and then ends exactly two hours later when we decide that it is complete. What this conception of the interview that only acknowledges what is recorded and transcribed leaves out are the conversations and experiences that we have had in the weeks, months, and years that have brought us to this place. With any interview, in the context of an existing friendship or with someone that we have come to know through the research, we invite our past and present knowledge of the world and each other into the conversation. This is what informs our thoughts and actions as people and as ethnographers. The challenge of deciding what to include in the way that I represent my discussions with Anaya makes me aware of the power within our relationship, something that because we are 'friends' I have never really thought about. In my research I attend to this responsibility by including Anaya in making decisions, routinely asking for her input when struggling to decide what is important for understanding the context of our conversations. At first, I view this as a problem resulting from the friendship, however I come to realize that the relationships between me as researcher and Zara, Sonia, Meera, Rani, and Kyra as the people that I interview is not any different. It is my responsibility to ask everyone that I work with the same questions that I ask Anaya and to treat every relationship with the same reflexive practice. As anthropologists governed by the ethics of the American Anthropological Association our first responsibility is that we make theoretical and political choices that protect and respectfully represent the people that we work with (Statement of Ethics, 2019). That is, making ethical and respectful methodological choices is not just the right thing for me to do as a friend, it is my obligation as an anthropologist.

Being reflexive about our positions within the research relationship, whether with a friend or someone we meet in the research, can go further than just being aware of social position, personal history, and the stakes that we have in the research. Rather I see this as a practice that considers relationality, that is, a continual method of self-analysis and political awareness, that is at all times acknowledging the positionality of self and others.

The difference between this and simply being reflective is that reflexivity is an act that considers what is outside the individual self (Jacobs, 2008) and has the potential to be a productive practice. In focusing on relationships, whether with Anaya or one of the other women that I talk to, reflexivity points out that we are continually constructing meaning and social realities through our interactions with others which can help us to "unsettle" conversations of representation (Cunliffe, 2003, p. 985). Seeing reflexivity in this way has led me to appreciate that ethnography can have wider goals, like being critical of both the relationship between writing and theory and the ways that other's voices are represented in our ethnographic work.

It is through this type of reflexive practice that I continue to question how the addition of the researcher / participant roles to our existing relationship affects Anaya. I consider this question knowing that Anaya's care for our relationship also impacts how she sees the research and her position in it. I can recall a number of times when Anaya asks me if "her information" is "good enough" to count as research and she comments that she feels responsible for the "quality" of our interviews and by extension the success of my master's degree. Despite me assuring her that what she has shared with me is "valuable" and "worthy of being research" she continues to ask questions like this and to check in almost weekly to see how my writing is going. The subject of the research as it relates to her own life is something that Anaya is invested in; however, she is also invested in me and my future because of our friendship. The people who we involve in our work are always personally invested in the research, but I can see that for Anaya the friendship means an added dimension.

Chapter 11.   Methodological choices: conversational interviews.

It is in retrospect that I question why I chose the particular spaces of coffee shops and homes when arranging to meet with participants for interviews and I ask why I did not consider the places that are more connected to how I know the women, like the community recreation center and school for example. I also question why, despite being introduced to different methods like walking interviews (see Tim Ingold, 2010) in my graduate courses I do not use them in my own research. I have been taught how our methodological choices allow us as ethnographers to share place-making practices with our participants, and how this has the potential to bring us close to our participants through allowing access to parts of the sensory experience that would not otherwise be available to us (Pink, 2009). Knowing that social relations are not enacted "in situ" but are "paced out along the ground" (Ingold and Vergunst, 2008) I wonder about the implications of focusing only on "the interview" as being a place of knowledge production. It is only now, in analyzing the process of my work, that I have come to deeply appreciate the potentiality of different ways of approaching interviews, and how they inform not only what we learn about others, but also ourselves.

The interview does not exist in isolation from the other interactions, conversations, and relationships that I have with the women that I talk to for this research and I am reminded that it is "*a part of* participant observation, and not *apart from* participation" and that all of our interactions inform what we talk about and how it is represented here (Skinner, 2012, p. 35, emphasis in original). I come to see that it is impossible to separate our interviews, interactions, and relationships from the social contexts that inform them, and that the knowledge that is created and shared in our research comes from these multiple and contingent places. This recognition does not mean that interviews are not important or that they do not shape our research, however it does mean that we need to consider them as a methodological choice that informs and shapes our work in particular ways.

If the objective of anthropology is a comparative understanding of human beings, the goal of ethnography is to describe the lives of people other than ourselves. Ingold (2017) argues for the speculative ability of the ethnographer to remain in anthropology, a view

that recognizes and celebrates our knowledges that exist outside of the formal interview. Ethnographic work is about listening to others, something that we do not only do in interviews. Skinner (2012) tells a story of how early in his career while doing fieldwork in Monserrat his anxieties of not having collected enough "data" forces him to return to conduct 'formal interviews'. In this retrospective confessional he knows that he already had the knowledge from the time that he spent with the people in Monserrat, but that he felt the need to have interviews to "formalize" this knowledge. In doing so, he ended up straining some of the relationships that he had built in his fieldwork, repositioning himself as interviewer and the people as informants. Through this story he is questioning the overlapping and complimentary relationship between interview and participant observation and he brings to light the "ethnographic backstage" that is often hidden from view by generalized methodological and theoretical approaches to the interview in our work. Interview transcripts, he argues, are fundamental to this outcome, as they become the privileged data or truth, and everything outside of what is recorded is ignored. It becomes clear to me, through this story, and my own research experiences that I share here, that ethnographic interviewing cannot be done without first participating and observing, and because of this the lines between them are often blurred.

In pausing here to consider the role of the interview in generating knowledge, I think about my own choice of conversational interviews. This choice is informed by a view that conversations are always communicative or dialogical, and that it therefore makes sense that conversations, and not just participant observation inform our ethnographic understandings (Fabian, 1990). I also see how there are times in our research that knowledge can be better conveyed and "made present" through the enactment, action, and performance (Fabian, 1990, p. 6) of conversation. Conversation can offer us with an opportunity to generate or co-create meaning with the people that we are working with, and it provides us with an alternative to asking interview questions that attempt to locate or "discover" meaning we assume is already fully formed. It makes sense to me that questions like mine that seek to get closer to participants understanding and ways of being can be better addressed through conversation and dialogue rather than more conventional methods.

The way that I come to think about the interview and conversation in this way perhaps starts when I notice how I try to separate the "formal" interviews that I have with Anaya and the other women from our more casual conversations and interactions. As I become aware of my own attempts to do this, in how I both think and talk about interviews, I also become aware how the women I work with also try to make the same type of distinction. When I run into Rani a few weeks after our first interview she tells me about an experience that she has forgotten to mention and that she thinks I will find interesting. After explaining the story in detail, she asks me if we should "do another interview" so that she can "tell me on record" and make "it real". Anaya similarly refers to it as a marked event in our relationship and elevates the interviews over the countless conversations that we have had over the course of our friendship. In talking to Anaya, I come to appreciate how she sees the interview as "a gift" and that because of this it is important to her that it is different from our usual conversations. She tells me that being part of my research makes her feel like she is not only helping me but that her ideas and experiences are of value. Because of this I become aware of how the interview is not only an important choice for me as a researcher, but that it also holds its own significance in the lives of the people that we interview and that this too has consequences.

Because of the importance that Anaya places on the interview as a marked event I wonder how she would feel if we did not have a "formal" interview, and I question what the implications would be for my research had I approached the interviews differently. I also consider if in choosing a more conventional environment and recognizing a specific point in time for interviews I am subscribing to a specific and more limited way of thinking about research and as a result overlooked the potential of other methods. For example, I wonder why I did not make the choice to create environments that would be more in line with the types of interactions I would usually have with the women. With Anaya this could have looked like us walking and talking, a practice that is common for us, and that has been the site of many important conversations throughout our relationship. I also consider how, with the other women that I interview, walking and talking is not only engaging in physical activity together (something that would be a more expected occurrence in our relationship) but that is also has the potential to allow us to "walk with" the people that we are interviewing. While walking and talking during fieldwork is nothing new (see Clifford Geertz, 1973) I consider that perhaps this decision is reflective of my

51

own engrained idea of what constitutes an interview, specifically the assumptions that it needs to be formalized as a specific event in space and time.

I think about the physical act of walking itself, and how the step by step contact with the ground below us provides an opportunity to connect with the physical environment. Traveling by foot can also allow for an understanding of the ever-changing interactions between people and the environment, making us aware of it as a full-bodied experience. Walking with someone creates movement with others, which given the right circumstances, can facilitate a closeness and bond between people (Lee and Ingold, 2006). These are all important factors when we consider that our aims as ethnographers is to try to understand the lives and movements of others. Exploring the relationship between walking, embodiment, and sociability is something that I will continue to wonder about, especially the potentiality of walking interviews as a methodological choice in work like mine that is already grounded in an awareness of self and environment.

Chapter 12.   Conclusion.

This meditation is me talking to myself about the process of researching health and wellness, however it is also a commentary on what we can learn when we take the time to step back and engage in some of the bigger questions in anthropology surrounding representation and reflexivity. These are not new ideas, and as anthropologists we have been talking about reflexivity for decades, however, it seems that perhaps we have become lost along the way. With this meditation I maintain that reflexivity should not be thought of as a token act or attempt at moral high ground, nor should it be conceptualized as about identity politics (Fassin, 2016). Rather it is my hope that I have communicated an argument for reflexivity being re-positioned (or returned) to focusing on the connectedness of people and relationships to the process of creation of knowledge.

This thesis has been the story of how it all became obvious to me; the practices and ideas surrounding health and wellness as lifestyle behaviors, the significance they hold in the lives of the women that I interview, and the implications this has for our work. Experimenting with the conversational interview has allowed me to wonder what we can gain from examining the momentary impressions and passing senses that we as researchers often encounter in our research but often dismiss (Cox, Irving, and Wright, 2016, p. 5). My intent here has been to encourage continued conversation about the role of the anthropologist and the potentiality of our positions within ethnography.

To do this I have located the questions that I have with the support that I find from within the wide body of literature and the ongoing conversations within the discipline. And in doing so, by acknowledging the substance that we cannot put into words or think of within theoretical concepts, and the in between places and the stuff that does not fit, it reinforces for me that the job of the ethnographer is not necessarily that of finding meaning for the thoughts, ideas, and experiences of the people we talk for and about.

Through these discussions I have argued that a view of the role of the anthropologist as the objective "translator" risks assuming a static and bounded model of culture rather than showing the variability of the lived experience (Fabian, 262). And as such, the words and ideas that we speak into being during our interviews cannot be thought of as something independent of the specific context from which they are created. I have come

to appreciate that what we include, the narratives, records, and texts from our research, is not just a matter of ethics or politeness, or giving voice to our participants, it is instead something that is required when we write with the goal of giving account and interpretation of process (Fassin, 2016).

During this process I have had to constantly fight taking an apologetic tone in the way that I justify my methodological choices to myself and in my writing. I have come to realize that I do this in part because of subscribing to not only the norms of my discipline, but also social science research and academia more generally. Yet, in reading the work of others who also problematize the conventional research process, I have come to understand that I am not alone in my thinking and that good anthropology does not need apologies. I am not saying that all anthropology should be written in this manner, rather it is a call out for a reinvigoration of a way of thinking. I realize that not all goals of anthropological inquiry are conducive to these types of methods, and that there is value in other forms of research.

Through this I have come to appreciate that the lived life is neither only located in the global structures or in the individual experience, rather it exists in the in-between, the "sometimes both" where theory and agency may illuminate and contradict each other. I see this space of in-between as demonstrating ethnography's ability to be "in the way of theory" rather than as a way to theory and that sometimes it can be more about "making openings" rather than finding truths or ends (Biehl, 2013, p. 575). This is especially true when dealing with questions that seek to understand the multiple ways that people experience health. I argue that we have positions available to us in ethnography that have the potentiality to talk about health in ways that represents the particularities and relationships within and between health and the cultures, times, and places of the people that we work with.

Experimenting with the conversational interview has allowed me the space to consider not only the way that health and wellness is conceptualized in research, but also larger conversations within anthropology. I will continue to think about and revisit these questions that I have attempted to work through during this process, from the interviews, my analysis, and the ways that I write about my experience. But this is part of ethnography as a process; it is never quite finished.

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